

10/575326

AP20 Rec'd APR 12 APR 2006

Application Data Sheet

Application Information

Application Number:: Not Yet Assigned
Filing Date:: Herewith
Application Type:: Regular
Subject Matter:: Utility
Title:: DISINFECTING TEAT CARE COMPOSITIONS
Attorney Docket Number:: K15-071US
Request for Early Publication?:: No
Request for Non-Publication?:: No
Total Drawing Sheets:: None
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: United States of America
Status:: Full Capacity
Given Name:: Robert
Middle Name:: D.
Family Name:: KROSS
City of Residence:: Bellmore
State or Province of Residence:: New York

Country of Residence:: United States of America
Street of mailing address:: 2506 Florin Court, P.O. Box 374
City of mailing address:: Bellmore
State or Province of mailing address:: New York
Country of mailing address:: United States of America
Postal or Zip Code of mailing address:: 11710

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: United States of America
Status:: Full Capacity
Given Name:: Lorrence
Middle Name:: H.
Family Name:: GREEN
City of Residence:: Westbury
State or Province of Residence:: New York
Country of Residence:: United States of America
Street of mailing address:: 625 Edgewood Drive
City of mailing address:: Westbury
State or Province of mailing address:: New York
Postal or Zip Code of mailing address:: 11590

Correspondence Information

Name: Henry D. Coleman

Street of mailing address:: 714 Colorado Avenue
City of mailing address:: Bridgeport
State or Province of mailing address:: Connecticut
Country of mailing address:: USA
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Phone number:: (203) 366-3560
Fax Number:: (203) 335-6899
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Representative Information

Representative Customer Number::	28156	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US04/34142	10/15/2004
This Application	Continuation-In-Part of	10/780,435	02/17/2004
This Application	Continuation	60/511,916	10/17/2003

Assignment Information

Assignee name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::

Country of mailing address::

**Postal or Zip Code of
mailing address::**